- N				PARTMENT OF HEALTH	STATE FILE NO.	Orrow/
M /	CERTIFICATE OF DEATH					2327
	BIRTH NO.				REGISTRAR'S NO.	
27 07	1. PLACE OF DEATH		 	2. USUAL RESIDENCE	WHERE DECEASED LIVED.	
CE OF DEATH	A. COUNTY Ma	ricopa		A. STATE AP12	IF INSTITUTION: RESIDENCE	CE BEFORE ADMISSIONI.
.0.7		CORPORATE LIMITS. WRITE		C. CITY (IF OUTSIDE	CORPORATE LIMITS. WRITE	RURALI
AND AL RESIDENCE	TOWN Ch	ändler	3 yrs 1 3 yr	TOWN Char	dler	•
3	D. FULL NAME OF RIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION INSTITUTION 318 W. Boston St.			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 318 W. Boston St.		
Y	3. NAME OF A.	(FIRST) B.	(MIDDLE) C.	(LAST)	4. SEX	5. COLOR OR RACE
	DECEASED	Guy	Sheperd	かりていた かひ	3	
	1 11112 02 1111111	7. DATE OF BIRTH	Is. AGE	FRIDLEY	l_male	white
	NEVER MARRIED	MONTH DAY YEAR	YEARS MONTHS DAYS	IF UNDER 24 HOURS	9A. USUAL OCCUPATION DURING MOST OF LIF	(GIVE KIND OF WORK E. EVEN IF RETIREDI.
ECEDENT	WIDOWED DIVORCED	Mar 9 [189]	1 59 1 26	1	Salesman	
SERCONAL /	98. KIND OF BUSI		IN CITIZEN OF WHAT	12. WAS DECEASED EVER I		13. SOCIAL SECURITY
PERSONAL /	NESS OR INDUSTRY	OR FOREIGN COUNTRY	1 - 1 - 1 - 1 - 1	IYES. NO. OR UNKNOWN! (IF)	ES, WAR OR DATES OF SERVICE	
DATA 59	Newspaper	l lowa	! USA	l no l		<u> B48-01 0202</u>
	14A. FATHER S NAME	•	14B. BIRTHPLACE	15A. MOTHER'S MAIDE	N NAME	158, BIRTHPLACE
7	unknow			Semantha She	nerd	Virginia
The state of the s	16. INFORMANT'S SIGI	NATURE (Wife)	ADDRESS	17. DATE		AY: YEAR!
11.5 %	Thelma S Fridler	1.3184 Boston St. (Chandler, Ariz	OF DEATH	May 4. 1950	
	1 18. CAUSE OF DEATH	<u> </u>		RTIFICATION	May 7. 1900	INTERVAL BETWEEN
CAUSEH34	ENTER ONLY ONE CAUSE PER LINE FOR (8), (b),	1. DISEASE OR CONDI- DIRECTLY LEADING 1	TIONS CO.	gestive de	are Failure	ONSET AND DEATH
	THIS DOES NOT MEAN	ANTECEDENT CAUCO	_	U		
OF A	THE MODE OF DYING.	MODE OF DYING. ANTECEDENT CADEES				
DEATH U	URE, ASTHENIA, ETC. RISE TO THE ABOVE CAUSE (3) STAT.					
****** 10.	IT HEANS THE DISEASE ING THE UNDERLYING CAUSE LAST.					
ITEM 18)	TION WHICH CAUSED					
U	DEATH II. OTHER SIGNIFICANT CONDITIONS J PLACE DISEASE CON. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT					
	THACTED.		NG TO THE DEATH BUT NOT SE OR <u>condition causing</u>	DEATH.	state o	
ERATIONS,	19A. DATE OF OPERAT		FINDINGS OF OPERATION			20. AUTOPSY?
AUTOPSY		i		•		YES D NO P
- 4	21A, ACCIDENT		L CAR SI ACE OF IN HIS		100	
DEATH	SUICIDE HOMICIDE	(SPECIFY)		IE. G., IN OR ABOUT HOME, EET, OFFICE BLDG., ETC.1	21C. (CITY OR TOWN)	(COUNTY) (STATE)
DUE TO			1	l are now pip in mon	22222	
XTERNAL	21D. TIME (MONTH) OF	(DAY) (YEAR) (HOUR)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCURT	
IOLENCE	YADUNI	м	WORK AT WORK	l		
45DICAL	20 1 1150504 050515	<u> </u>	Hor 24	47 man	4 50	
MEDICAL	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM WAY 24 1947 TO May 4 1850 THAT I LAST SAW THE DECEASED ALIVE ON May 3 1950 AND THAT DEATH OCCURRED AT 9 DM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
CORONER'S	22 A FIGNATURE	A AND THAT	DEATH OCCURRED AT 2 U	1 228 ADDDECE	ON THE DATE STATED ABOV	
TIFICATION	Gailles '	K. von Po	releting.	Chareler	, arizona	23C. DATE SIGNED グーン・ケー
TIMEDAL AT A	24A. BURIAL	24B. DATE	24C. NAME OF CEMET	RY OR CREMATORY	24D, LOCATION ICITY.	TOWN, OR COUNTY ISTATE
UNERAL 3/	CREMATION []	May 6, 1950	C+ Emanata		!	
IRECTOR	REMOVAL []		St. Francis		Phoenix, Ar	
AND	25A. DATE REC'D BY LOCAL REG.	25B. REGISTRAR'S SIG	SNATURE	26. FUNERAL DIRECTO		ADDRESS
GISTRAR 1	20072 1120	Λ . ()	_	Hausner Mo	rtuary. Chand	ller Ariz

5/5/50

s Laur up.

Hausner Mortuary, Chandler, Ariz cert. No.

225-A